

**Applying Qualitative Research Methods
Toward Improving Child Welfare Practice**

In: Frame, L. et al., (2001). CalWORKS and Child Welfare: Case Management for Public Child Welfare Workers. Berkeley, CA: Child Welfare Research Center.

Instructional Guide to Chapter VI

Purpose:

- To explain the study design, make qualitative methods accessible to practitioners, and apply aspects of qualitative research methodologies to improve the quality of child welfare practice.

Content:

- This section of the curriculum describes the study design and methodology used to gather the data supporting Chapters IV and V.
- Using this study's methods as a "case example," the chapter also offers suggestions for transferring the skill base of qualitative research to child welfare practice.

Use:

- This section can be used to familiarize students with selected qualitative research methods.
- Instructors are encouraged to use this chapter as a way of demystifying qualitative research methods, as well as addressing a key set of social work practice skills.

Teaching Aids:

- A suggested group activity is provided at the end of the chapter, intended to encourage practice applying certain qualitative methodologies to child welfare practice, and critically examining their usefulness.

This chapter can be used to foster the following curriculum competencies.

- 1.9 Student understands and uses knowledge in the provision of child welfare services to cultural and ethnic populations.
- 2.4 Student gathers, evaluates, and presents pertinent information from informants, case records, and other collateral sources to support or refute an abuse or neglect allegation.
- 3.1 Student demonstrates social work values and principles; this includes self determination, respect for human dignity and worth, and respect for individual differences.
- 3.2 Student conducts effective ongoing case assessment and planning.
- 3.3 Student demonstrates the ability to evaluate and incorporate information from others, including family members and professionals in assessment, treatment planning, and service delivery.
- 3.4 Student conducts effective casework interviews.
- 3.5 Student understands the importance of and demonstrates the ability to work with the client in the community, including home, school, etc.
- 6.4 Student understands how to use information and technology to evaluate practice and program effectiveness.

Applying Qualitative Research Methods Toward Improving Child Welfare Practice

Qualitative research methods have tremendous practice relevance for the child welfare field. The depth and richness that can be captured in qualitative studies complement the powerful potentialities of quantitative research. Quantitative research methods offer the opportunity to categorically describe, measure, and predict aspects of the child welfare services experience, such as the differing distributions of children in foster care, across age and racial groups; or the characteristics of families most likely to succeed with reunification. Quantitative methods are essential to identifying trends in the populations we serve in child welfare, to testing our assessment tools, and determining whether and how our policy decisions affect defined outcomes for groups of people. Qualitative methods, on the other hand, help us to understand the variation within those groups of people, and shed light on how people think and feel about their lives. Researchers using qualitative methods often anticipate that human behavior is complicated and situational, that *context* is crucial to understand, and that their presence as researchers in the lives of study subjects necessarily affects the nature of what occurs. Because qualitative methods can be flexible and adapt to families' changing circumstances, they can account for the unexpected, and uncover processes that were not previously identified or understood. Thus, for these reasons and others, both qualitative and quantitative research methods are essential to a well-rounded research program that informs the best child welfare practice.

Thus, there is an important role for qualitative data in helping us to evaluate our policy decisions, the relevance of our practice designs, and for informing the development of new interventions. In addition, many of the methods that are used in conducting qualitative research can, themselves, offer a great deal to child welfare practice. Not only do many qualitative research methods share common features with certain social work practice approaches, but they also offer important means of understanding and reflecting upon the complexities of human experience. Within the broad family of qualitative research methods are ethnography and participant observation, methods that grow primarily out of the anthropological and sociological traditions.

Ethnography and participant observation are forms of field research, which can be thought of as attempting “to render our daily lives socially intelligible and meaningful by keenly observing others as well as reflecting on our own experience” (Singleton, Straits & Straits, 1988, p. 316). Ethnographic methods have traditionally be understood as those applied in the process of describing a culture, society, social group or set of social behaviors, with the simple commonality that “the practice places researchers in the midst of whatever it is they study” (Berg, 2001, p. 134). This is a characteristic shared with child welfare work, which places social workers in the center of people’s daily lives with the goal of understanding their needs and intervening. Given these commonalities, certain techniques, principles, and strategies of qualitative inquiry can be used to enhance the quality and integrity of child welfare work.

This chapter discusses a selected set of these techniques including approaches to forming relationships with families, conducting interviews and effective observation, managing and analyzing information (data), and the uses of ongoing consultation. To do so, the chapter first discusses the methodology used in the present study, the qualitative research from which this curriculum was developed, and discusses the application of some of these methods for improving child welfare practice. In a sense, the detailed description of the method used here acts as its own case study, an example of one approach to conducting qualitative research. This “case study” of a qualitative method

does not represent all qualitative methods or approaches. Similarly, this chapter is not intended to serve as a substitute for a more comprehensive course on qualitative research methods. The literature on qualitative research is extensive, and the term “qualitative research” itself encompasses a wide variety of philosophical and practical approaches. (For further study of qualitative methods, some resources are provided below, as places to begin).

Methods Used for

CalWORKs and Child Welfare: Case Management for Public Child Welfare Workers

Chapter IV, Realities of Life on Welfare and Living in Poverty was developed through the use of two separate methodologies. The first section, “The Experience of Parenting in Conditions of Poverty,” reports data from the qualitative study that is described in the section below (regarding Chapter V). In the second section, “The Dollars and Cents of Life on Welfare,” hypothetical case profiles were first developed based on the authors’ combined research and practice experience. To create the income and expense tables, actual income and expense amounts were calculated based upon research with the appropriate sources including housing officials (to select an available apartment in a low-income, Alameda county community and to determine the rental cost), social services officials, representatives of utility companies, the USDA (regarding food stamp calculations), and the Laundromat nearby. Groceries were priced, item-by-item, during a sample shopping trip to a grocery store located near the selected apartment. (See income and expense tables for further sources). Thus, although the case profiles in this section are hypothetical, the economic profiles are based on data that matches each profile as accurately as possible.

Chapter V, Case Studies of Families Involved with Welfare and Child Welfare, was developed based upon data collected in a longitudinal, ethnographic study conducted between 1999 and 2001. The section below describes essential aspects of the design and method including the sampling strategy and resulting sample characteristics, data collection methods, technologies used for management of the resulting database, and analysis methods.

The Study Design

The research was designed to intensively study multiple cases over a one-year period, using a sampling strategy that would represent a range of parenting quality and experiences with the child welfare system. Each “case” was a family, including a child and his or her primary caregiver, and some cases included other individuals (children, partners, relatives, neighbors, service providers), as well. The study population included families with very young children who participated in TANF or CalWORKs; who lived in the predominantly urban areas of Alameda County, California during the years 1999-2000; and who were identified as likely to be living an economically and/or socially “precarious” existence. Precariousness was considered to be likely if the adult had a long history of welfare receipt (defined as welfare receipt beginning in 1993), and/or involvement with the child welfare system because of child neglect. The emphasis on child neglect was due to the secondary purpose of this study, an examination of the links between conditions of poverty and child neglect.¹

Selecting the Sample

From the population just described, subjects were purposely selected to be economically poor and likely to represent various points along a continuum of parenting quality. This is called theoretical sampling (Strauss and Corbin, 1990) or purposive sampling (Padgett, 1998).

¹ For more information see: Frame, L. (2001). Parent-Child Relationships in Conditions of Urban Poverty: Protection, Care, and Neglect of Infants and Toddlers. Ph.D. Dissertation, School of Social Welfare, University of California, Berkeley.

In order to insure there would be a range of parenting quality and experiences with the welfare and child welfare systems, two sources were used to generate the sample. The first source included families who were part of a survey of welfare recipients that was conducted by UC Berkeley's Survey Research Center (SRC) in the 1993, 1997, and 2000. Employees of the SRC identified a random sample of the survey's original Alameda county respondents, and contacted them by telephone to ascertain whether they met the criteria for inclusion in the present qualitative study. (These criteria were that the parent had at least one child under three years old, the family was living in Alameda county and receiving a welfare grant, had received welfare during the past year, and were willing to be contacted by the researcher about the qualitative study).

The second source for sample selection was the Alameda County Social Services Agency, Children and Family Services Division (the local public child welfare agency). After consulting with program management and supervisory staff within the agency, child welfare workers were contacted to assist in identifying possible client participants. Child welfare workers were asked to make the initial contact with clients, obtaining consent for the researcher to contact them further about the qualitative study. Workers were recruited to help through (a) posting of a flyer in public agency areas explaining the study purpose, criteria for participation, and benefits to clients; (b) written materials provided directly to workers, including a written "phone script" that could be used to explain the study to clients; and (c) dozens of telephone calls to social workers, explaining the study purpose and requesting their help with recruitment. Criteria for inclusion were the same as those listed above, with the additional caveat that families' involvement with child welfare services was for reasons of neglect. (This included physical neglect, caretaker absence and abandonment; cases in which the primary reason for intervention was physical abuse, sexual abuse, emotional abuse or exploitation were not included).

Ultimately, the SRC located 7 out of 60 survey respondents who were considered eligible, and child welfare staff provided the researcher with contact information on 13 potential study participants. Contact was attempted with these 20 individuals by

telephone and letter. Four of the 7 SRC families agreed to participate, and 6 of the 13 child welfare families proved to meet the criteria and agreed to further contact. The primary parent in these 10 families are identified by the following pseudonyms: Anna, Bernette, Francesca, Glen, Kenisha, Janet, Jennifer, Leticia, Maria, and Regina. Selected characteristics of the sample of 10 families are described in Table 6.1 and in the box below.

Table 6.1
Selected Sample Characteristics

Primary Caregiver	Mother	9	Total Number Living Children (as of July 2000)	1	1
	Father	1		2	0
Age of Caregiver During Study Period	25-29	1	3	4	
	30-34	4	4	4	
	35-39	3	5	1	
	40-44	2	Caregiver Living with Partner (Majority of Study)		
			Yes	3	
			No	7	
Ethnicity of Caregiver	African-American	7	Age of Oldest Child During Study Period	3-5 yrs.	1
	Mexican-American	2		6-10 yrs.	1
	Caucasian	1		11-15 yrs.	4
				16-20 yrs.	3
				21+ yrs.	1
Age of Youngest Child at Study Entry	0-6 mos.	1	Highest Level Education Completed	8th grade	2
	6-12 mos.	0		Some High School	3
	13-18 mos.	3		High School graduate	2
	19-24 mos.	1		GED + Vocational	1
	25-30 mos.	2		Some Community College	2
	31-36 mos.	1		Field of Employment During Study Period (Temporary or Permanent)	
	36 + mos.	2	Child Care	1	
Source of Income (Majority of Study; Includes Children + Adult)	TANF only	2	Clerical	3	
	TANF + PT work	3	Construction	1	
	FT work	3	Custodial	1	
	TANF + SSI	1	Clerk	1	
GA	1	None outside home	3		
TANF Grant Subject to Family Cap	Yes	7			
	No	3			

Certain difficulties faced in sampling and recruitment led to a final sample of families who may have been experiencing fewer stresses than others. First, recruitment efforts with child welfare workers who served the most precarious families (those just entering the system because of neglect, for example) were unsuccessful. The “child welfare services” group who were ultimately recruited, consisted of families who had (at least initially) completed the requirements for reunification with their youngest child or children. (Many were recruited through workers providing ongoing, family preservation services). Thus, these families had accomplished at least a modicum, or more, of stability

and security. Second, all the families who chose to participate in the study may be different from families who were eligible, but chose not to participate. It is possible that participants were experiencing fewer stresses than other families and therefore were more functional, capable of keeping appointments and relating to a researcher than families who chose not to participate. These characteristics affected the nature of the findings, and should be kept in mind when drawing conclusions. The findings based on this sample are not generalizable to a larger population of welfare recipients or child welfare clients.

Collecting the Data

Data collection consisted of multiple in-person and telephone contacts with families, using ethnographic methods of participant observation. This included unstructured and semi-structured interviewing in naturalistic or everyday environments (Atkinson & Hammersley, 1998). Specific aspects of the data collection process for this study are described in detail, below.

The Researcher-Subject Relationship. The involvement between researchers and subjects can be thought of on a continuum, ranging from full participation of the researcher in the subject's life, to detached observation (Padgett, 1998). On that continuum, the approach used here could be considered "observer-participant." This was a conscious and ongoing decision that was under constant negotiation, and my² stance shifted toward greater participation as time went on. Some of the considerations in that shifting balance of participation and observation are described here.

My role as researcher was overt at the outset (Jorgensen, 1989) and my "outsider" status apparent. I did not, for example, attempt to become a member of the family or a member of the community. This would not have been possible given the nature of our differences (race, class, education) or the time limitations built into the study design, nor was it considered necessary or appropriate to the study's purpose. Rather, the flexibility of method and use of "naturalistic" settings allowed for a relatively high degree of

² From this point forward, references to "the researcher" (the first author) will be made in first-person. This acknowledges that given the nature of the qualitative study, my subjectivity was a part of the data collection and analysis process, and should not be avoided.

“inside” perspective on daily life, yet my status as outsider and distance from the family allowed me to ask I direct questions such as “can you explain how to sell food stamps?”

I did, however, seek to minimize the interpersonal distance between myself and the families by cultivating a role that was defined in fairly vague terms, and presenting needs that seemed diffuse enough that each family could find their own place for me in their world. Some began to consider me “like a friend” while others seemed to think of me as “like a therapist” or “someone who does studies and writes books.” I did not seek to become either their friend or their therapist. I sought to observe while in the process of interacting with families, in their most familiar settings, and while living their daily lives as naturally and unobtrusively as possible, given that my presence was undeniably somewhat obtrusive. Depending upon the individual, the quality of our relationship, the context, and the circumstances, the level of actual participation or involvement in family life varied, and thus, at times, I became more of a participant-observer than observer-participant. My flexibility and willingness to become a participant (e.g., a spontaneous babysitter, at the parent’s request when needing to run a quick errand during our interview time) depended upon a variety of personal factors, as well as ethical questions and methodological desires. The wish to participate, for the richness of data it might provide, sometimes collided with the decision that I ought not to intrude or intervene. At other times, the effort to maintain interpersonal distance confounded my ability to gather data that might have been useful, if I had chosen a greater degree of participation. Yet each of these experiences and decisions was documented and treated as data, in itself.

My stance as observer-participant undoubtedly influenced the nature and quality of the data. I never fully entered these families’ worlds; I merely visited for a few hours a month and returned to my apartment or my academic haven. Had I asked to move in with them and sleep on the couch for a week, the depth and complexity of my knowledge would have increased in many ways. But the study was not a laboratory experiment, either. In my presence dinner was eaten, the phone answered, children and neighbors contended with in their back yards. The contextualized nature of the data thus rests on a balance between proximity to family life, and distance from it.

The Location(s) of Data Collection. In-person contacts most often occurred in the subjects' homes, although some interviews were conducted while walking in the park, watching children on the playground, over a milkshake in Burger King or dinner in a local restaurant, or at the subject's workplace or internship. In-person meetings were prearranged and tended to last between 1 and 2 hours. Generally, I offered to meet "wherever you are comfortable," and where it was most convenient for the subject. Thus, most chose their home. On a few occasions I deliberately suggested an alternative meeting place. This was done in order to increase the chances of observing the parent-child relationship in a new light (given, for example, new obstacles to negotiate), to have a chance to see how children and parents played together, given the opportunity for fun activities, and in some cases, for the sake of privacy (to separate from partners, family members, and children). Sometimes a subject's impromptu need for transportation resulted in a car trip to the youth activity center, the day care facility, or the therapist's office. When in the subject's home, the researcher followed her/his lead regarding the location of the conversation. At times, this led to conversations at the kitchen table or on the couch in the living room. At other times the interview occurred while walking around the apartment, standing outside on the steps, or playing with toys on the floor of the child's bedroom.

The extent of telephone contact depended upon the developing relationship with the adult subject. Some engaged in lengthy conversations about life events over the phone. Others primarily used the phone to arrange appointments and discuss logistics. The majority of the direct contact involved conversations with the parent. Children were frequently present and interacted with me, and their parent. Other individuals were occasionally present (e.g., relatives, friends, staff of the residential treatment program, utility repairmen) and included in the conversation where appropriate, following the lead of the study subject. No efforts were made to control the presence or absence of children during the interviews, since an essential part of data collection involved "naturalistic observation" of spontaneous parent-child interaction, while the parent was facing conflicting demands: to attend to me, as well as their child.

With the exception of occasionally requesting that a television's volume be turned down for the sake of audiotaping clarity, I controlled neither the environment nor the interpersonal context. On a few occasions I requested time to just "hang out and play with" the child or children. This was done with an unstated goal of assessing developmental status, and understanding the child's style of relating. Subjects were told when they entered the study that I may eventually wish to contact key informants, such as relatives or social workers, and if so, that I would first request their written consent. The option of contacting key informants, in particular, child welfare workers, was considered midway through the study, and set aside until the completion of data collection and some analysis had occurred. Contacting key informants, it seemed, might alter the nature of the relationship with the primary subjects in undesirable ways and would only be done if deemed necessary for data triangulation purposes. Ultimately, no key informants were contacted.

Interview Frequency, and Remuneration (Compensation). The original study design called for interviews on at least a monthly basis, I attempted to follow this plan. However, scheduling difficulties and concerns about subject retention led, in some cases, to uneven interview patterns. Some were interviewed on a regular monthly basis, others had multiple-month gaps. A few subjects were interviewed weekly. This was particularly true for the two subjects who entered the study in February, 2000 (Francesca and Anna) and for whom more regular contact was necessary. Increased frequency of the interviews resulted in a more rapidly intensifying relationship with me, and a different pacing of the interview content. It also led to some ethical considerations regarding the role of remuneration, given that more frequent contact led to a rather dramatically increased income, in some cases.

Parents were paid \$25.00 cash per interview for their participation. This arrangement was discussed during the initial recruitment phone call, at the first meeting, and in an ongoing way with many of the subjects. Subjects were assured that while I needed to obtain a signed receipt each time for accounting purposes at the University, this \$25.00 addition to their income would not be reported by me to the welfare department or

anywhere else. The decision to report it as income was theirs alone. The remuneration itself unexpectedly became a tool for data collection, because each individual had different feelings about the cash itself, the fact that I provided these funds and what that meant about the nature of our relationship, and the impact of study involvement on their lives.

Recording the Data. Nearly all field contacts and in-person interviews were audiotaped with the consent of the primary subject. After the first several interviews, I began turning the recorder on prior to entering the home so that initial interactions with the family could be captured on tape. At the conclusion of most interviews, while driving from the field site, I entered verbal notes and observations into the recorder. At times, emotional and physical exhaustion precluded immediate audiotaping my comments, and in these cases field notes were made a few hours later or the following day. This lessened the immediacy of my reflections, but it also made it possible to be more thoughtful. On a few occasions the interview was not audiotaped at all, in order to facilitate a more “normal” interaction with a subject and to avoid drawing the attention of others (e.g., given the somewhat complicated logistics of audiotaping in some settings, such as while playing with children in the park). In these cases, I took extensive written notes immediately following the interview. Written notes were made on telephone calls and saved in a computer or hard copy file.

Interviewing and Observation. I took a self-conscious approach in which I considered myself, the researcher/interviewer, to be the primary instrument of data collection (Miles & Huberman, 1994; Padgett, 1998). My personal ability to communicate was understood to affect the nature and quality of the interview data collected. This included my ability to ask sensitive yet probing questions and facilitate the fullest answers possible, to hear “between the lines” communication about parenting issues, a parent’s relationship to me, or anything else; my capacity for empathy at any given moment; my basic understanding of the language used by subjects and the topics being addressed, and my willingness to clarify when necessary; and my handling of the differences (and some similarities) between us. My capacity to closely observe the parent-child relationship and other

dimensions of family life and to record in detail what I saw, felt, and thought about during that observation process would directly influence the nature of the data. My focus was also informed by both the literature and the ongoing process of analysis. The literature guided the selection of general topics to be addressed, the ongoing analysis of the data generated themes that warranted further explanation.

The interviews, all of which were designed to be in-depth, were conducted using a combination of unstructured and semistructured approaches. The format varied based upon the topic of discussion and developing state of the subject's relationship with me, as well as any spontaneous circumstances that arose, necessitating a shift in approach. In general, as my relationship matured with families there was less need for structure in interviewing, but several parents seemed to develop expectations about my areas of interest in their lives and would often begin our meetings with information about the status of their welfare grant, their job, or their CPS case. Prior to embarking on data collection, general topic areas were identified for exploration based upon the literature, and measures (standardized or unstandardized) used in prior research were consulted in the development of interview guides.

General interview topics are listed in Table 6.2. A timeline was developed for data collection and a plan for addressing these topics in this general order (e.g., welfare-to-work status, employment history and "making ends meet" were assessed within the first three meetings). Topics were also intended to be addressed in an ongoing fashion. Monthly meetings tended to follow this general plan although often the conversation diverged, and many topics were revisited in subsequent interviews. Before each set of "monthly" interviews, an interview guide was developed using the literature where appropriate. Some of these guides were deliberately worded and offered a fair amount of structure (e.g., questions about managing your monthly budget, questions about experiences of parenting) while others simply acted as a list of topic-related prompts. Over the entire data collection period, regular meetings with members of the research team served as a means for examining the data collected up to that point, identifying

gaps, focusing and reformulating the topics to be addressed in future interviews, as well as problem-solving ethical and practical dilemmas involving families.

Interview Style. In general, my style of interviewing (whether semistructured or unstructured) was a minimalist one, in that I tended to provide few direct observations, comments, or questions and tried to encourage people to continue through nonverbal means, and with as little “verbal intervention” as I could sustain. This was intended to increase the likelihood that a subject’s responses emerged as spontaneously as possible, with as little direction from me as possible. I did, however, ask direct questions and seek clarification where necessary, and redirect conversations that were straying too far from relevance. Seldom did I ask people to explain *why* they did what they did; rather, I asked them to describe their experience, tell me what happened and how they thought and felt

about it. This approach assumes there is a web of meaning lying somewhere in-between behavior, thoughts and feelings, and that the reasons for actions (or inactions) are not always consciously accessible. It also assumes that not all accessible knowledge will be shared with a researcher (or anyone in particular), since even the most open informants have reasons to preciously guard their internal and relational life. Parenting, especially, is an arena of personal life about which many people are understandably sensitive and protective.

It proved difficult, initially, to observe the parent-child relationship in detail, and to simultaneously interview the parent, although my ability to split my attention and make mental notes in this regard also improved. Efforts were made to compose verbal notes (into the tape recorder) immediately following the meeting, on descriptive factors such as how people appeared that day (dress, demeanor, hair, makeup); the state of the home environment or neighborhood (particularly clean or messy, dangerous for some reason); specific descriptions of micro-interactions between the child and the parent (e.g., “he climbed in her lap requesting a bottle, and she did not look at him”) as well as between myself and the parent (e.g., “she flipped the pages of the magazine while ‘talking’ to me, for the first 20 minutes”) and myself and the child (e.g., “she immediately hugged me, which struck me as somewhat inappropriate since she had only met me once before, two months ago”). In these observations I tried to note affective tone, developmental progress of the child as reflected in the relationship or the interaction, parental responsiveness to the child, and any factors that seemed potentially related to a cultural dimension of parenting or family life. I also made verbal and/or written notes about the logistics of the meeting (location, lateness, length), how I felt arriving or leaving the interview, how I simply felt “being with” the family or being in the environment, that particular day.

Time spent focused on children was unstructured and followed the lead of the child in play. These play sessions were geared toward a general assessment of child well-being (physical, motor, cognitive, language, and socioemotional development) through direct interaction with the child, information which supplemented other observations

made of the child interacting with the caregiver, siblings, or other adults on other occasions. Some literature on child development assessment tools was consulted as a guide, although these observation periods were designed to obtain a broad-brush assessment, and not at the level of detail that would be required for, say, a clinical assessment.

“Raw Data”. At the end of the data collection period, the “raw data” consisted of dozens of audiotapes and transcripts of in-person meetings; field notes made on the content and process of in-person meetings as well as telephone contacts; field notes made on the observation of parent-child relationships, the home environment, and reflection on our interactions; select documents or notes about the family (e.g., court reports); and written documents created to facilitate some of the interviews (e.g., “source of income” grids for understanding budgeting, “timelines” to gather welfare history, “genograms” to clarify extended family relationships). All audiotapes were transcribed, as verbatim as possible, into written documents. A professional transcription service was hired for this purpose. Ongoing communication with the transcribers proved helpful in clarifying the need for verbatim recording of interview content (e.g., including interactions with children and other individuals present, dogs barking and birds chirping loudly, noisy BART trains obscuring portions of the conversation).

Analyzing the Data

Data analysis was ongoing during the data collection period, with a more formal and intensive level of analysis commencing after data collection was concluded. This process is summarized, below.

- The early process of analysis included listening to audiotapes of prior interviews, making notes and observations.
- Twice during the first year, case summaries or “profiles” of the families were written. This synthesized the information gathered up to that point, and insured that people could be described in terms that, as much as possible, brought them alive to others.

These served as background materials for discussion with the consultation team.

- Excel spreadsheets were used as data “matrices” (Miles and Huberman, 1994), a means of facilitating within- and cross-case comparisons along multiple variables or conceptual domains (e.g., comparing all subjects in terms of their welfare history, educational history, subjective experience of financial strain, and parenting stress). This helped to identify gaps in knowledge about a given family as well as to highlight the need for exploration of a new domain (e.g., children’s developmental status, parental mental health). [See Appendix for an example.] Through this process, new questions were developed for exploration in the field.
- Computer software designed specifically for the management of qualitative data, *Atlas.ti*, was used to manage the data and the analysis process. Transcribed, edited interviews and field notes were entered into the software package along with demographic data and case identifiers. In this way, large amounts of data from a variety of sources could be integrated and examined for conceptual regularities and irregularities; units of text could be coded as signifying certain ideas; and relationships between larger conceptual units could be identified and examined in a process of “constant comparison” (Strauss & Corbin, 1990).
- Each interview transcript was first reviewed while listening to the audiotape. Portions of transcript were then marked, or “coded” in one of two ways: (a) as a basic theme, category or idea that was previously identified in the literature (e.g., welfare/CPS overlap, social support via extended family) or as a theme, topic or idea that was not anticipated and emerged in the data itself (e.g., a parent’s particular feeling about themselves, their child and their relationship with their child).

- The dataset ultimately included 143 separate documents (including transcribed interviews and written notes) coded into over 4,800 narrative segments or quotations, with approximately 200 memos, 400 comments, and 400 quote segments that were hyperlinked together.
- The coded data were then studied for similarities and idiosyncrasies across families, and over time (Strauss & Corbin, 1990). As themes began to emerge, the data were examined for discrepant or disconfirming evidence (Padgett, 1998; Strauss & Corbin, 1990). In other words, there was a deliberate search for data that would contradict an emerging idea.
- “Analytic memos” created during this process documented my reflections on the meaning of the data (Huberman & Miles, 1998; Padgett, 1998).
- Conceptual patterns that emerged were then considered in light of the research questions, and the data were studied further for their fit with the conceptual patterns--thus moving from an inductive to a more deductive approach, and back again.

Reliability and Validity

In qualitative research, reliability is understood to be “the degree to which the finding is independent of accidental circumstances of the research,” and “validity is the degree to which the finding is interpreted in a correct way” (Kirk & Miller, 1986, p. 20). This study makes no claim to absolute objectivity, although a number of steps have been taken to insure the reliability and validity of the results. These steps follow Padgett’s (1998) six basic strategies for enhancing rigor and trustworthiness in qualitative research.

(1) Prolonged engagement with study subjects. The more time a researcher spends in the field, the more likely it is that subjects will be truthful with her/him. In this study, indeed, more frequent and lengthier interviews in many cases

seemed to increase my sense that a subject was describing an experience “honestly.” Those who participated for a greater number of months, total, seemed to develop a more trusting relationship with me. But as noted earlier, the factual accuracy or “truthfulness” of no subject’s narrative was presumed in this study. In fact, it was assumed that all subjects would disclose information selectively, to varying degrees (and all for understandable reasons), and that all verbal reports would need to be considered in light of other data sources in order to be interpreted (triangulation). Some subjects (Francesca, Leticia) seemed to readily tell stories about their lives, while others such as Janet remained somewhat guarded, and Maria suspicious of my true identity and motives throughout the study. Although this limited my understanding of Maria and Janet in certain ways, I chose to keep them in the study and try to understand the reasons for their self-protective behavior.

(2) Triangulation. The use of multiple theories, multiple methods, multiple data sources, or multiple observers tends to strengthen the set of observations about a topic. This study included triangulation by data source as well as some triangulation by theory (see also Denzin, 1978). Triangulation of data sources occurred through the use of in-depth, unstructured interviews, semi-structured interviews that elicited different kinds of responses from families, observation of families’ interactions, and researcher self-reflection. Each of these sources of data informed the other. Triangulation through theory (e.g., thinking about child protection and neglect through several alternative theoretical frameworks) also allowed for a more thorough, complex analysis.

(3) The use of regular peer/advisor debriefing and support, to guard against bias. Potential sources of bias were examined in ongoing consultation during the data collection and analysis period. These included my previous professional and personal roles (e.g., as a child welfare worker) in relation to families like those in the study, roles that had the potential to influence my understanding of the families’ experience. Discussions with the peer consultation team also included

the topics of race and class differences between study subjects and myself, and the occasional dilemma about whether to intervene on behalf of parents or children in some way (thereby becoming more of participant-observer, than an observer-participant, and affecting my interpretations).

(4) Member checking. This involves “returning periodically to the field to ensure that one is on the right track” (Padgett, 1998, p. 100). Some member checking was done near the conclusion of the data collection period, although many families could not be located or reached for follow-up interviews.

(5) Negative case analysis. This essentially refers to an effort to prove oneself wrong. For example, the assumption that most, if not all, child welfare-involved families would be *harmed* by welfare reform proved to not be the case, per se. In this study, some appeared to be harmed, and others were less clearly or even positively affected by welfare reforms.

(6) Leaving an audit trail to enhance reproducibility. The analysis process was documented in detail and the coded data, with codes defined, are available in the *Atlas.ti* data set.

(7) Finally, as a means of enhancing credibility, raw data are included in the findings (Drisko, 1997) in the form of narrations and augmentations. Narrations are derived directly from the comments of adult and child subjects in the study; augmentations involve observations of the researcher. The findings are written up including both of these. In addition, the decision to write in first-person is another step intended to strengthen the trustworthiness of the findings: by including myself in the research frame and making explicit my relevant thoughts, feelings, and behaviors in the moment, the reader is given the opportunity both to place the data in context (Drisko, 1997), and to assess the believability of my observations. Where I have removed myself from the narrative, it is with the belief that the use of first person would offer little or nothing to the analysis.

Ethical Issues

The study was conducted under the approval of the Committee for the Protection of Human Subjects at the University of California, Berkeley, approval that addressed in advance several key issues of informed consent and confidentiality. All parents were informed that I was a mandated reporter of suspected child maltreatment, and discussed with them their concerns about my role. No child maltreatment reports were made in the course of the study.

Transferring Qualitative Research Skills to Child Welfare Practice

Many key principles, strategies and techniques for doing good qualitative research can be transferred to child welfare practice. The discussion below focuses on skills used in data collection and data analysis, with a special emphasis on those intended to enhance reliability and validity.³

An attitude of curiosity and positive skepticism. A researcher's stance is an inherently curious one, interested in the unexpected, and in pursuit of evidence to support conclusions. This attitude is best cultivated and kept alive through the opportunity for self-reflection, support from others, and an environment that encourages ongoing learning. In the best of circumstances, child welfare work offers the same set of opportunities.

Informed consent is crucial to relationship building. Researchers are guided by an ethical (as well as legal) commitment to the protection of human subjects from physical or psychological harm. Informing potential study participants of any risks they face and ensuring those risks are understood is one important aspect of conducting ethical research. Obtaining informed consent is the first step in forming a working relationship between researchers and participants. While the conditions and issues faced in child welfare work are certainly quite different from those in conducting research, the fundamental principles underlying informed consent – honesty and respect for human dignity and well-being – are worth emulating in child welfare practice. In addition, the effort to establish ongoing working relationships with clients, and thereby “prolong engagement” will probably be best facilitated by attention to these principles.

³ It should be noted that there are many philosophical debates regarding the general approaches suggested here. For example, not all qualitative researchers agree that objectivity is either possible or desirable; or that theory should play a role in the early stages of certain research designs. These suggestions reflect one set of experiences and perspectives.

Conscious use of both research findings and theory. It is recommended that researchers begin with a conscious, critical examination of the existing theory and research in their topic area, and decide whether, and how, this literature informs their study. The same is true for child welfare practice. Ongoing knowledge of the “state of the field” in terms of research findings can and should be used to inform practice decisions. Knowledge of key theoretical perspectives in the field can also be used as “road maps” for decision-making.

Practice careful observation and detailed description. Qualitative research, as with child welfare social work, benefits from well-honed observational skills. Careful observation and translation of that information into written or verbal form is more difficult than it first appears. This is especially true in less “controlled” environments, such as during home visits. Locating your source of focus (e.g., “should I attend to the way the parent communicates about their life history, to the children’s behavior, or to the state of the home environment?”) takes time, particularly when the answer is “attend to everything.” Additionally, the demands of being both an “intervenor” and an “observer” can often compete. If it is not possible to record your observations in-the-moment, build in time to take notes as soon after the interaction, as possible. Recall can diminish quickly. The usefulness of written, detailed notes about what was observed cannot be underestimated (e.g., “Regina said to her daughter, who was starting to fold the laundry, “no, no wait, I can do it. *I know how.*” This was said in a grating, irritated tone of voice.”). Training yourself to do this, even though it is often difficult, can save time and energy later and improve the quality of assessments. Leaving an “audit trail” of these details for yourself and others makes it possible to later recall the circumstances that led to case decisions, and evaluate those decisions.

Listening and understanding what is communicated. A qualitative researcher will remain open to multiple possibilities inherent in the words and modes of expression that people use. The meaning of people’s communications (e.g., “I would strangle my child before allowing her father to take her from me”) may depend in subtle but important ways on the cultural, socioeconomic, and relational context.

Data gathering and analysis as distinct but overlapping processes. In qualitative research, data collection and data analysis are conceptually distinct but mutually informing processes. The researcher collects data (e.g., enters the field, visits with a family in the local Burger King, and takes notes), and then upon leaving the field begins one stage of analysis (e.g., reading and editing the notes, adding reflective comments in the margins). The analysis often points out the need for additional data collection. The same set of processes can be mirrored in child welfare social work.

Distinguishing between observation and inference. Whether recording narrative (what people say) or behavior (what people do), there can be easy slippage between what appeared to happen, and what it might mean. Separating out observation from interpretation can strengthen the validity of your conclusions, and your credibility with both clients and other professionals. Consider, for example, the qualitative differences between the following two statements.

(a) Anna admits she was an unfit mother during her period of drug addiction, unsure whether she wanted more children. After having her most recent child, however, she has changed and no longer craves alcohol or drugs, so is unlikely to relapse.

(b) Anna described herself as an “unfit mother” during her period of drug addiction, acknowledging that she was unsure about wanting another child, when she learned of her most recent pregnancy. She said, “I wanted a baby, but then I didn't. Only reason I really wanted them because I like how they feel inside [pointing to her belly, as if to say “pregnant”]... I hated to have 'em and I knew it would have been hard on me, but I managed Going through the labor ... staying up with them at night when they cry, you know. I like to sleep.” Today, she views herself as “changed” as a result of her recovery, and denies that she is likely to encounter any difficulties maintaining her sobriety. “I don’ have the

cravings for alcohol or drugs anymore. I... feel real good.” While Anna seems to be functioning well at present, she does not have a clear plan for staying sober. This may present no problems at all, but it may also indicate some susceptibility to relapse.

Awareness of one’s own influence on the situation (“reactivity”). Qualitative researchers, particularly those doing ethnographies, are conscious of the impact of their presence on the events that unfold. When researchers take a stance that involves less participation, they may reduce reactivity, but their presence nonetheless affects the “data” they are gathering. Child welfare workers face similar issues when gathering information for assessments, and writing court reports. For example, workers are often confronted with angry clients, especially in cases where children have been removed. Empathy with parents is a first step (e.g., understanding why many parents’ first response to the situation might be anger), and secondly it is important to consider one’s own role in further provoking a parent’s reaction. Third, the experience of relating to a client can be used as a source of information. A child welfare worker, just as a researcher, might ask herself: How does the parent relate to me? What is it like to be in the family’s presence, in their home? Although the answers to these questions are not definitive, they offer potentially useful information that can help in understanding people. Reflecting on one’s own emotional reactions, as a child welfare worker, can provide some clues about the nature of the parent’s relational world. Finally, workers need to be attuned to the emotional impact of child welfare interventions on parents, and their responses to the intervention itself. The way a child’s removal is handled by the worker, for example, may have an important effect upon the parent’s capacity to respond and follow through with their case plan.

Multiple causation is likely, and causation is very difficult to determine. In the effort to understand “what caused” a parent to neglect or abuse their child, beware of the temptation of a simple analysis. Any set of human behaviors, including parenting and parents’ relationships with their children, are complex processes. There are likely to be multiple influences on any particular event, and it will probably be impossible to

determine causation with absolute certainty. Yet an effort toward comprehensive and targeted data collection (asking more of the right questions) can increase the understanding of the roots of the problem. In addition, your understanding will be improved through triangulation of data sources, observers, methods for assessing a situation, and theories through which a problem is understood.

Good qualitative analysis strives toward objectivity, but acknowledges and examines its own subjectivity. Reports, whether they are written by researchers or by practitioners, are often written as if there were no specific author (e.g., “An assessment was conducted and Maria was found to be deficient in the following areas...”). While this may be a standard professional practice, the implications are worth considering. This practice has the effect of placing psychological distance between the professional (you) and the client, perhaps making it easier to present a critical assessment. It may also reduce your sense of accountability for that assessment, and the report may be perceived as impersonal, by the client. Shifting to a report-writing method that includes you, the author, as an active participant in the assessment may necessitate a shift in style, one that promotes thoughtfulness, accountability, and better working relationships with families.

Use of team consultation and peer supervision. Clarity about “what is going on” in a family requires time to reflect and consider different possibilities. The involvement of peers and advisors in that reflective process is crucial, because others can point out blind spots, question your assumptions and interpretations in important ways. It is also necessary to have peer support around the challenges of child welfare work, just as with qualitative research. Neither should be done in isolation.

